



**UTAH DEPARTMENT OF PUBLIC SAFETY
DIVISION OF HOMELAND SECURITY**

**1110 State Office Bldg
Salt Lake City, UT 84114**

<http://hls.utah.gov>

Phone (801) 538-1100 Fax (801) 538-3772



STATE RACES APPLICATION

☐ **New Application** ☐ **Update** (Please enter your RACES #, above)

Personal Information:

Name: _____ Amateur Callsign: _____

License Class: ☐T ☐P ☐G ☐A ☐E License Expiration Date: Month: _____ Day _____ Year: _____

Address: _____ City: _____

County: _____ Zip Code: _____ - _____ (9 Digit)

Home Phone: (_____) - _____ - _____ Mobile Phone: (_____) - _____ - _____

Work Phone: (_____) - _____ - _____ Pager #: (_____) - _____ - _____

Email Address: _____ Occupation: _____

Emergency Skills:

☐Antennas ☐Comp. Software ☐Electronic Tech. ☐Welder ☐Repeaters ☐IRLP/Echolink
☐Towers ☐Comp. Hardware ☐Electrician ☐Carpenter ☐Other: _____

Station Capability:

☐Fixed ☐Mobile/Portable ☐B/U Battery ☐Solar ☐Generator

Affiliations:

☐ARES ☐ERC ☐CERT ☐MARS Call: _____ ☐CAP Call: _____
☐MARA ☐SATERN ☐RED CROSS ☐Other _____
(TERT, SCAT, CSERG, BUN, Etc.)

Amateur Leadership Positions: _____

I hereby apply for certification with the Utah State RACES program. If accepted into the program, I will serve to the best of my ability as requested by duly constituted authority and abide by the State RACES Plan and SOP. I certify that: (1) I possess a current and valid Amateur Radio License which has never been suspended or revoked and; (2) I have never been denied membership in, nor had membership revoked, in another amateur emergency communications program; (3) I have never been convicted of a felony; (4) I am a citizen of the United States; (5) I am physically and mentally able to perform the duties I may be assigned. Utah DPS Human Resources has my permission to perform a background check to verify this information. I agree to abide by and obey all orders and directives of the Federal Communications Commission as they apply to the Radio Amateur Civil Emergency Service and that any authorization issued in accordance with this application shall be issued with the express understanding that it is subject to revocation or cancellation at any time.

(Signature of Applicant)

(Date)

Emergency Management Organization Assignment:

I hereby certify that the applicant is a member of the above-named Emergency Management organization and has satisfied all of the requirements for participation in the radio communications network for the area served by that organization.

(Signature of RACES Official)

(Date)